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TELLECTUAL PROPERTY LAW

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February 3, 2004

EXPRESS MAIL

Mail Stop - Box Patent Application
Commissioner for Patents
P.O. Box 1450
Alexandria, VA 22313-1450

Re: Utility Patent Application Transmittal
Inventors: Klaus Matheis
Title: Clamping And Adjustment Apparatus For A Cutting Tool
Priority: German Patent Appln. No. DE 20301942.3 filed February 07,
2002
German Patent Appln. No. DE 2030581.9 filed March 28,
2003
Our Ref.: 696.023

Dear Sir:

Enclosed is our check to cover the government filing fee (\$1,080.00) for the enclosed United States patent application, which application includes 35 pages of specification, 5 pages of claims, 31 Drawing figures on 12 sheets, and an Abstract. Also enclosed is a Preliminary Amendment, a Recordation Cover Sheet, executed Assignment, and executed Declaration and Power of Attorney document.

An Information Disclosure Statement (IDS) will be filed at a later date.

31353 U.S. PTO
10/772649

020404

Mail Stop - Box Patent Application

Commissioner for Patents

Page 2

The Director is hereby authorized to charge payment of any additional fees associated with this communication or credit any overpayment to Deposit Account No. 50-1170.

Respectfully submitted,
Jay G. Durst
Registration No. 41,723

23598

Certification Under 37 CFR 1.10

Express Mail Label No:EV313041470 US

Date of Deposit: February 3, 2004

I hereby certify that this paper or fee is being deposited with the United States Postal Service in "Express Mail Post Office to Addressee" service under 37 CFR 1.10 on the date indicated above and is addressed to the MAIL STOP - BOX PATENT APPLICATION, COMMISSIONER FOR PATENTS, P.O. BOX 1450, ALEXANDRIA, VA 22313-1450.

Heather S. Stutz
Heather S. Stutz

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02404
17607 U.S.PTO

UTILITY PATENT APPLICATION TRANSMITTAL <i>(Only for new nonprovisional applications under 37 CFR 1.53(b))</i>		Attorney Docket No. 696.023
		First Named Inventor KLAUS MATHEIS
		Title CLAMPING AND ADJUSTMENT DEVICE FOR A CUTTING TOOL
		Express Mail Label No. EV313041470US

APPLICATION ELEMENTS See MPEP chapter 600 concerning utility patent application contents.		ADDRESS TO: MAIL STOP - PATENT APPLICATION Commissioner for Patents P.O. Box 1450 Alexandria, VA 22313-1450
1. <input checked="" type="checkbox"/> Fee Transmittal Form (e.g., PTO/SB/17) <i>(Submit an original, and a duplicate for fee processing)</i> 2. <input type="checkbox"/> Applicant claims small entity status <i>See 37 CFR 1.27</i> 3. <input checked="" type="checkbox"/> Specification [Total Pages -35] <i>(preferred arrangement set forth below, MPEP 1503.01)</i> - Descriptive title of the invention - Cross Reference to Related Applications - Statement Regarding Fed sponsored R & D - Reference to sequence listing, a table, or computer program listing appendix - Background of the Invention - Brief Summary of the Invention - Brief Description of the Drawings (if filed) - Detailed Description - Claims - Abstract of the Disclosure		8. <input type="checkbox"/> Nucleotide and/or Amino Acid Sequence Submission <i>(if applicable, all necessary)</i> a. <input type="checkbox"/> Computer Readable Form (CRF) b. <input type="checkbox"/> Specification Sequence Listing on: i. <input type="checkbox"/> CD-ROM or CD-R (2 copies); or ii. <input type="checkbox"/> paper c. <input type="checkbox"/> Statement verifying identity of above copies
		ACCOMPANYING APPLICATION PARTS
4. <input checked="" type="checkbox"/> Drawing(s) (35 U.S.C. 113) [Total Sheets 12] 5. <input checked="" type="checkbox"/> Oath or Declaration [Total Pages 1] a. <input checked="" type="checkbox"/> Newly executed (original or copy) b. <input type="checkbox"/> Copy from a prior application (37 CFR 1.63 (d)) <i>(for continuation/divisional with Box 16 completed)</i> i. <input type="checkbox"/> <u>DELETION OF INVENTOR(S)</u> <i>Signed statement attached deleting inventor(s) named in the prior application, see 37 CFR 1.63 (d)(2) and 1.33 (b).</i> 6. <input type="checkbox"/> Application Data Sheet. See 37 CFR 1.76 7. <input type="checkbox"/> CD-ROM or CD-R in duplicate, large table or Computer Program <i>(Appendix)</i>		9. <input checked="" type="checkbox"/> Assignment Papers 10. <input type="checkbox"/> 37 CFR 3.73(b) Statement <input checked="" type="checkbox"/> Power of Attorney <i>(when there is an assignee)</i> 11. <input type="checkbox"/> English Translation Document <i>(if applicable)</i> 12. <input type="checkbox"/> Information Disclosure Statement (IDS)/PTO-1449 <input type="checkbox"/> Copies of IDS Citations 13. <input checked="" type="checkbox"/> Preliminary Amendment 14. <input checked="" type="checkbox"/> Return Receipt Postcard (MPEP 503) <i>(Should be specifically itemized)</i> 15. <input type="checkbox"/> Certified Copy of Priority Document(s) <i>(if foreign priority is claimed)-</i> 16. <input type="checkbox"/> Request and Certification under 35 U.S.C. 122 (b)(2)(B)(i) – Applicant must attach form PTO/SB/35 or its equivalent 17. <input type="checkbox"/> Other: _____

16. If a **CONTINUING APPLICATION**, check appropriate box, and supply the requisite information below and in a preliminary amendment, or in an Application Data Sheet under 37 CFR 1.76:

Continuation Divisional Continuation-in-part (CIP) of prior application No: _____
Prior application information: Examiner _____ Group / Art Unit: _____

For **CONTINUATION or DIVISIONAL APPS** only: The entire disclosure of the prior application, from which an oath or declaration is supplied under Box 5b, is considered a part of the disclosure of the accompanying continuation or divisional application and is hereby incorporated by reference. The incorporation can only be relied upon when a portion has been inadvertently omitted from the submitted application parts.

17. CORRESPONDENCE ADDRESS

<input checked="" type="checkbox"/> Customer Number or Bar Code Label	(Insert Customer No. or Attach bar code label here) 23598		or <input type="checkbox"/> Correspondence address below		
Name	Jay G. Durst				
Address	250 E. Wisconsin Avenue				
	Suite 1030				
City	Milwaukee	State	WI	Zip Code	53202
Country		Telephone	(414) 225-9755		Fax (414) 225-9753

Name (Print/Type) Jay G. Durst	Registration No. (Attorney/Agent) 41,723
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Signature	Date February 3, 2004
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FEE TRANSMITTAL for FY 2004

Patent fees are subject to annual revision.

TOTAL AMOUNT OF PAYMENT \$ 1,080.00

METHOD OF PAYMENT (check all that apply)

 Check Credit card Money Order Other None
 Deposit Account

Deposit Account Number	50-1170
Deposit Account Name	Boyle, Fredrickson, Newholm, Stein & Gratz S.C.

The Commissioner is authorized to: (check all that apply)

- Charge fee(s) indicated below Credit any overpayments
 Charge any additional fee(s) during the pendency of this application
 Charge fee(s) indicated below, except for the filing fee to the above-identified deposit account.

FEE CALCULATION

1. BASIC FILING FEE

Large Entity	Small Entity	Fee Description	Fee Paid
Fee Code	Fee (\$)	Fee Code	Fee (\$)
101	770	201	385
106	340	206	170
107	530	207	265
108	770	208	385
114	160	214	80
			Utility filing fee
			Design filing fee
			Plant filing fee
			Reissue filing fee
			Provisional filing fee

SUBTOTAL (1) (\$770.00)

2. EXTRA CLAIM FEES FOR UTILITY AND REISSUE

Total Claims	35	-20**=	15	X	18	=	270
Independent Claims	3	-3**=	0	X		=	0
Multiple Dependent							

Large Entity	Small Entity	Fee Description	Fee Paid
Fee Code	Fee (\$)	Fee Description	Fee Paid
103	18	203	9
102	86	202	43
104	290	204	145
109	86	209	43
110	18	210	9
		Claims in excess of 20	
		Independent claims in excess of 3	
		Multiple dependent claim, if not paid	
		**Reissue independent claims over original patent	
		**Reissue claims in excess of 20 and over original patent	

SUBTOTAL (2) (\$216.00)

** or number previously paid, if greater; For Reissues, see above

Other fee (specify)

*Reduced by Basic Filing Fee Paid

SUBTOTAL (3)

\$40.00

Complete (if applicable)

Name (Print/Type)	Jay G Durst	Registration No. (Attorney/Agent)	41,723	Telephone	(414) 225-6300
Signature				Date	February 3, 2004

WARNING: Information on this form may become public. Credit card information should not be included on this form. Provide credit card information and authorization on PTO-2038.

Burden Hour Statement: This form is estimated to take 0.2 hours to complete. Time will vary depending upon the needs of the individual case. Any comments on the amount of time you are required to complete this form should be sent to the Chief Information Officer, U.S. Patent and Trademark Office, Washington, DC 20231. DO NOT SEND FEES OR COMPLETED FORMS TO THIS ADDRESS. SEND TO: Assistant Commissioner for Patents, Washington, DC 20231.